

**New Sharon Woods Development**  
**100 Hillcrest Drive**  
**Sewell, NJ 08080**  
**Telephone: 856-468-0070**  
**Fax: 856-468-0578**

**Application Pick Up/Drop off Hours Are**  
**Tuesday and Thursday between 10 am and 12pm**

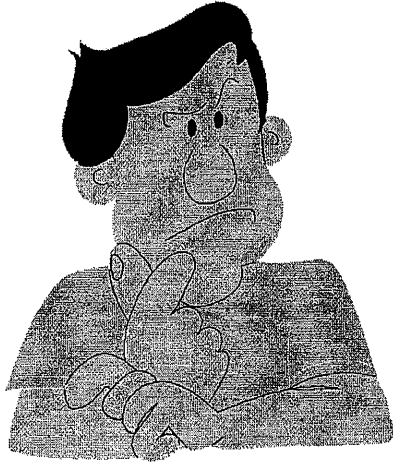
- No Emergency Housing
- No Application Fee
- Application accepted are for the 2 and 3 bedroom waiting list
- Section 8 Subsidized
- Water and Sewer included
- Pay own utilities (Heating, Cooking Gas, Electric, Cable, Etc.)

Copies of the following documents **MUST BE INCLUDED** with your application. (Failure to submit copies of requested documents will result in your application being returned and/or not accepted)

- Social Security Cards of entire family
- Birth Certificates for entire family
- Marriage Certificate (if applicable)
- Verification(s) of Court Custody Papers for minor child/children (if applicable)
- Photo Identification for every adult (Valid Driver's License)
- Proof of Address (Utility Bill, Phone Bill, Cable Bill or Lease Agreement in your name)
- Income Verification (4 Pay Stubs, Tax Return, Social Security or SSI verification, Public Assistance, Pension, Child Support, Etc.)

Application for Housing





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Carefull!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

### Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

### Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

### Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**Application for Housing**  
**Please Print Clearly**

Date Received: \_\_\_\_\_  
(Office Use Only)

Income Target: \_\_\_\_\_  
(Office Use Only)

New Sharon Woods Development  
100 Hillcrest Drive  
Sewell, NJ 08080-9565  
Telephone: 856-468-0070

This is an application for housing at:  
Please complete this application and return it to:

Applications are placed in order of date and time received.  
An applicant may be interviewed only after the receipt of this completed housing application.

**A. General Information**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of Bedroom's in current unit: \_\_\_\_\_ Do you:  Rent  Own (check one)

Are you currently receiving Section 8 rental subsidy?  Yes  No

Amount of current monthly rental or mortgage payment: \_\_\_\_\_

If owned, do you received monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify below)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom Size Requested:  Two Bedroom  Three Bedroom  Handicap Two Bedroom



**B. Household Composition**

	Name	Relationship to Head of household	Marital Status M - Married D - Divorced S - Single C - Civil Union	Birth Date	Age	Social Security #	Student Y/N
Head							
Co-Tenant							
3							
4							
5							
6							
7							

Do you anticipate any additions to the household in the next 12 months?     Yes     No

If yes, please explain \_\_\_\_\_

Were you or any household member age 62 or older on January 31, 2010 and did not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010?

Yes     No

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes     No

If yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?     Yes     No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

Yes     No

Are any full-time student(s) a TANF or a title IV recipient?     Yes     No

Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return?

Yes     No

**C. Income**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$



	Social Security	\$
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	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Veteran's Benefits (List Claim #)	\$
	Veteran's Benefits (List Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	



	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Alimony</b>	
	Are you entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	<b>Child Support</b>	
	Are you entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	<b>Other Income:</b>	\$
	<b>Other Income:</b>	\$
	<b>Other Income:</b>	\$

<b>Total Gross Annual Income (Based on monthly amounts listed above x12)</b>	\$
Total Gross Annual Income from Previous Year	\$



Do you anticipate any changes in this income in the next 12 months  Yes  No

If yes, explain:	

**D. Assets**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

<b>Checking Accounts</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Savings Accounts</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Trust Account</b>	#	Bank:	Balance:\$
<b>Certificates</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Credit Union</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Savings Bonds</b>	#	Maturity Date:	Value:\$
	#	Maturity Date:	Value:\$
	#	Maturity Date:	Value:\$
<b>Life Insurance Policy</b>	#		Cash Value:\$





<b>Life Insurance Policy #</b>	Cash Value:\$
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<b>Mutual Funds</b>	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
<b>Stocks</b>	Name:	#Shares:	Dividend Paid \$:	Value \$:
	Name:	#Shares:	Dividend Paid \$:	Value \$:
	Name:	#Shares:	Dividend Paid \$:	Value \$:
<b>Bonds</b>	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
<b>Investment Property</b>				Appraised Value \$:

Real Estate Property: Do you own any property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, type of property:

Location of property:

Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last two years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, type of property:

Market Value when sold/disposed \$

Amount sold/disposed for \$

Date of transaction

Have you disposed of any other assets in the last two years ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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(Example: Given away money to relatives, set up Irrevocable Trust Accounts, Etc.)

If yes, describe the asset:

Date of disposition:

Amount disposed \$



Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please list:				

**E. Additional Information**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please describe:				

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:				

Have you ever filed for bankruptcy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:				
Will you take an apartment when one is available?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Briefly describe your reasons for applying:				

Please List all States in which you and your household have lived in:				
Name _____	State(s) _____			
Name _____	State(s) _____			
Name _____	State(s) _____			
Name _____	State(s) _____			
(If more space is needed please continue on a separate sheet of blank paper.)				

Are you or any of your household members "Registered Lifetime Sex Offenders" in New Jersey or any other state?		
Yes	No	
If your answer is yes, please list names of the States(s) _____		



**F. Reference Information**

<b>Current Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long:	

<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long:	

**Credit Reference #1:**

Address:			
Account #:		Phone #:	

**Credit Reference #2:**

Address:			
Account #:		Phone #:	

**Credit Reference #3:**

Address:			
Account #:		Phone #:	

**Personal Reference #1**

Address:			
Relationship:		Phone #:	

**Personal Reference #2**

Address:			
Relationship:		Phone #:	

**Personal Reference #3**

Address:			
Relationship:		Phone #:	

**In case of emergency notify:**

Address:			
Relationship:		Phone #:	



**G. Vehicle and Pet Information (if applicable)**

**List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle.**

**Arrangements with Management will be necessary for more than one vehicle.**

Type of vehicle:		License Plate #:	
Year/Make:		Color:	
Type of vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any pets?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
If yes, describe:			

**Certification**

I/We here by certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.

I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Signature(s):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date





# Rental Application

## Applicant Information

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.								
Date of Birth			Social Security Number			Home Telephone			Date of Birth			Social Security Number			Home Telephone								
E-Mail Address			Mobile Telephone			E-Mail Address			Mobile Telephone														
Current Street Address			City			State			Zip Code			Co-Applicant Current Address (if different)			City			State			Zip Code		
Previous Street Address			City			State			Zip Code			Co-Applicant Previous Address (if different)			City			State			Zip Code		
Length of Residence at Current Address			Ever Filed for Eviction?			Own or Rent?			Length of Residence at Current Address			Ever Filed for Eviction?			Own or Rent?								
___ months			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Own <input type="checkbox"/> Rent			___ months			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Own <input type="checkbox"/> Rent								

### Present Housing Information

Landlord or Agent Name			Landlord Telephone Number			Co-Applicant Landlord or Agent Name			Landlord Telephone Number								
Reason for Leaving			Length of Rental			Monthly Rent			Reason for Leaving			Length of Rental			Monthly Rent		
___ months			___ months			___ months			___ months			___ months			___ months		

### Employment / Income Information

Present Employer Name			Position			Co-Applicant Employer Name			Position														
Supervisor Name			Telephone Number			Supervisor Name			Telephone Number														
Employer Address			City			State			Zip Code			Employer Address			City			State			Zip Code		
Employed From To			Salary / Wages per			Employed From To			Salary / Wages per														
<input type="checkbox"/> Check Here if Not Employed			<input type="checkbox"/> month <input type="checkbox"/> year			<input type="checkbox"/> Check Here if Not Employed			<input type="checkbox"/> month <input type="checkbox"/> year														
Other Income			Amount per			Other Income			Amount per														
<input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other			<input type="checkbox"/> month <input type="checkbox"/> year			<input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other			<input type="checkbox"/> month <input type="checkbox"/> year														

### Banking Information

Bank Name			Telephone Number			Name			Telephone Number								
Account Number			Account Type			Ever Filed for Bankruptcy?			Account Number			Account Type			Ever Filed for Bankruptcy?		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> Yes <input type="checkbox"/> No					

### Emergency Contact Information

Name			Telephone Number			Name			Telephone Number		
Address			Relationship			Address			Relationship		

### Other Information

Car Year / Make / Model			License Plate State / Number			Car Year / Make / Model			License Plate State / Number								
Other Residents (Names / Ages)			Other Residents (Names / Ages)														
Have you ever been convicted of a crime?			If "Yes", Date of Most Recent Conviction?			Nature of Conviction			Have you ever been convicted of a crime?			If "Yes", Date of Most Recent Conviction?			Nature of Conviction		
<input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", #: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", #: _____					

### Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: **X** Date: \_\_\_\_\_ Co-Applicant: **X** Date: \_\_\_\_\_

Items in BOLD are REQUIRED

<b>OFFICE USE ONLY</b>		
NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
Date Screened:	Projected Move-In Date:	Apartment / Unit Type:

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

Name of Owner/Managing Agent \_\_\_\_\_ Type of Assistance or Program Title: \_\_\_\_\_

Name of Head of Household \_\_\_\_\_ Name of Household Member \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Hispanic or Latino	
Not-Hispanic or Latino	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.